



SCIENCE



CONNECTIONS



ACTION

Division for Heart Disease and Stroke Prevention

Division Budget and Program Briefing for the Institute of Medicine

April 9, 2009



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Human and Fiscal Resource History

Fiscal Year	Budget	FTEs
2003	\$55 million	39
2004	\$55 million	39
2005	\$55 million	39
2006	\$55 million	44
2007	\$55 million	53
2008	\$67 million	56
2009	\$72 million	72



Congressional Intent

- **Heart Disease and Stroke Prevention**
 - Broad mandate covering all division activities except WISEWOMAN
 - Expectation that \$3M of these resources will support programming in the Mississippi Delta
 - Coverdell no longer carved out specifically, but a commitment to maintain funding levels for stroke
 - Language to address sodium reduction
- **WISEWOMAN**
 - Authorized under B&C legislation
 - 80% mandated to the field

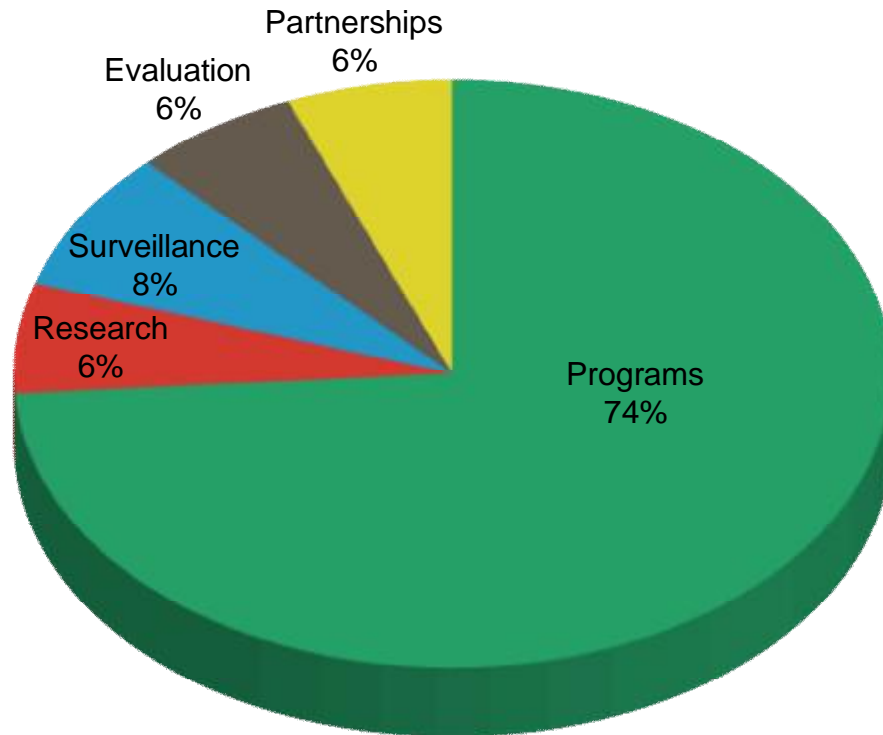


FY2009 Appropriations

- Heart Disease and Stroke Prevention
\$54,096,000 +(\$3,995,000)
 - Delta Health Initiative
\$3,000,000 +(\$1,500,000)
- WISEWOMAN
\$19,528,000 +(\$930,000)

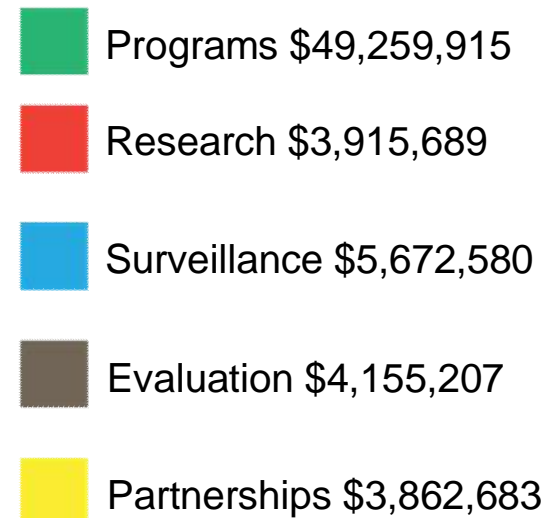


DHDSP FY08 Budget by Core Function



Total budget FY2008:

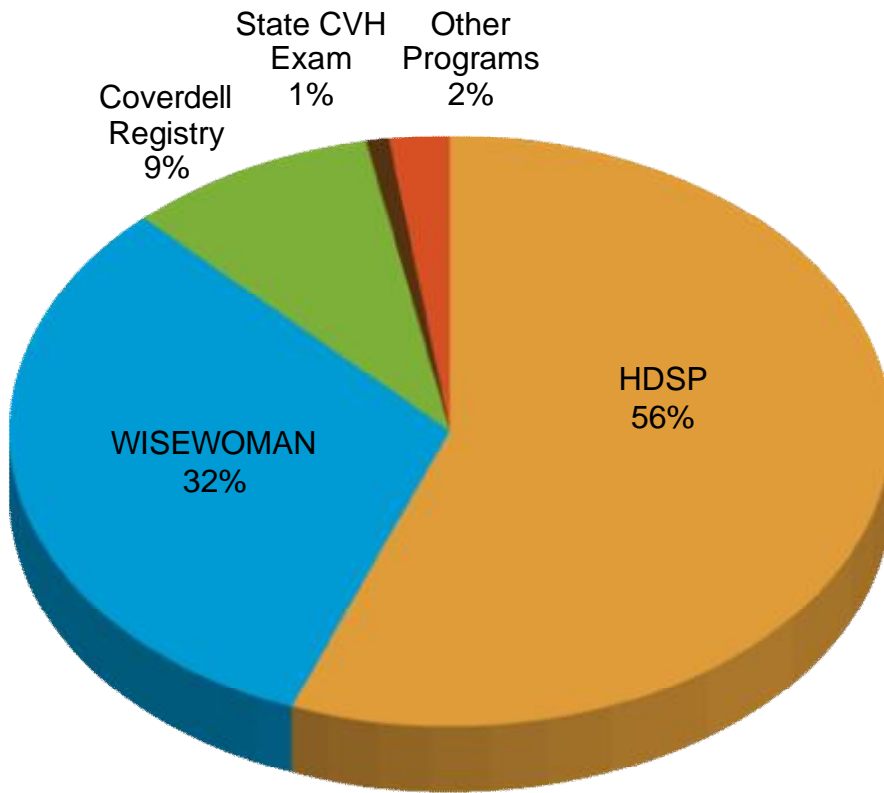
\$66,866,054



With administrative costs divided into 5 functions



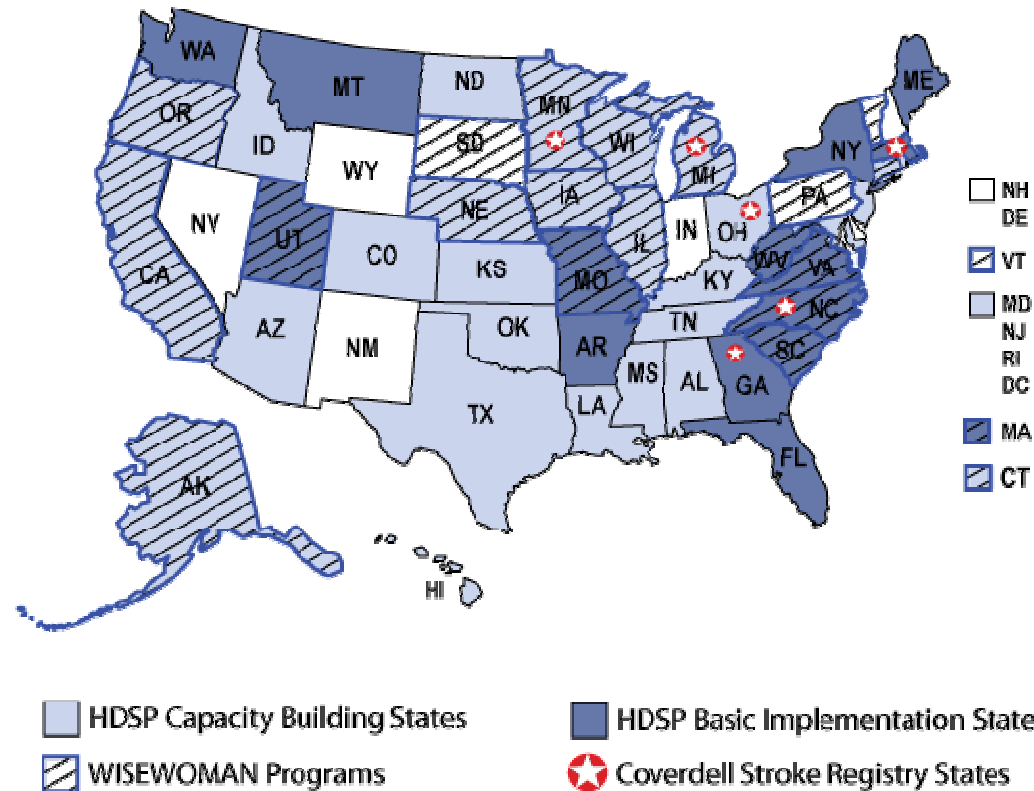
DHDSP FY08 Budget by Program and Core Function



Total budget FY2008:
\$66,866,054

- HDSP \$27,770,783
- WISEWOMAN \$15,499,336
- Coverdell Registry \$4,400,000
- State CVH Exam \$399,751
- Other Programs \$1,190,045

2008 Funded Programs



Note: WISEWOMAN funds two tribal organizations in Alaska, but not the state health department.

As of June 2008.



Average Funding levels

National Heart Disease & Stroke Prevention Program



- Capacity building
 - 28 states and DC
 - \$350,000
- Basic implementation
 - 14 States
 - \$1.1 Million
- Optional funding projects
 - 7
 - \$250,000–\$400,000 (1–3 years)



- 21 programs (2 in Alaska)
- \$600,000



- 6 states
- \$600,000

How do we learn from our investments?

- Translate evidence base to practice in the field
 - Review and synthesis of science
 - Tools, training, and technical assistance
- Assess practice to improve and inform evidence
 - Informal program review and assessment
 - Program evaluation strategies



Examples

- *The Community Health Worker's Sourcebook* module on high blood pressure and contribution to improved case management and blood pressure outcomes
- “Systems-level Interventions for High Blood Pressure and High Blood Cholesterol Control and Prevention: A Review of Effective Strategies in Healthcare Settings”
- “Health outcomes and cost savings for hypertension in federally qualified health centers that implement the chronic care model”



Examples, continued

- *A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage*
- “African American Men and Blood Pressure Control: What Works and Why”
- Success Stories and Stories from the Field



What are our evaluation strategies?

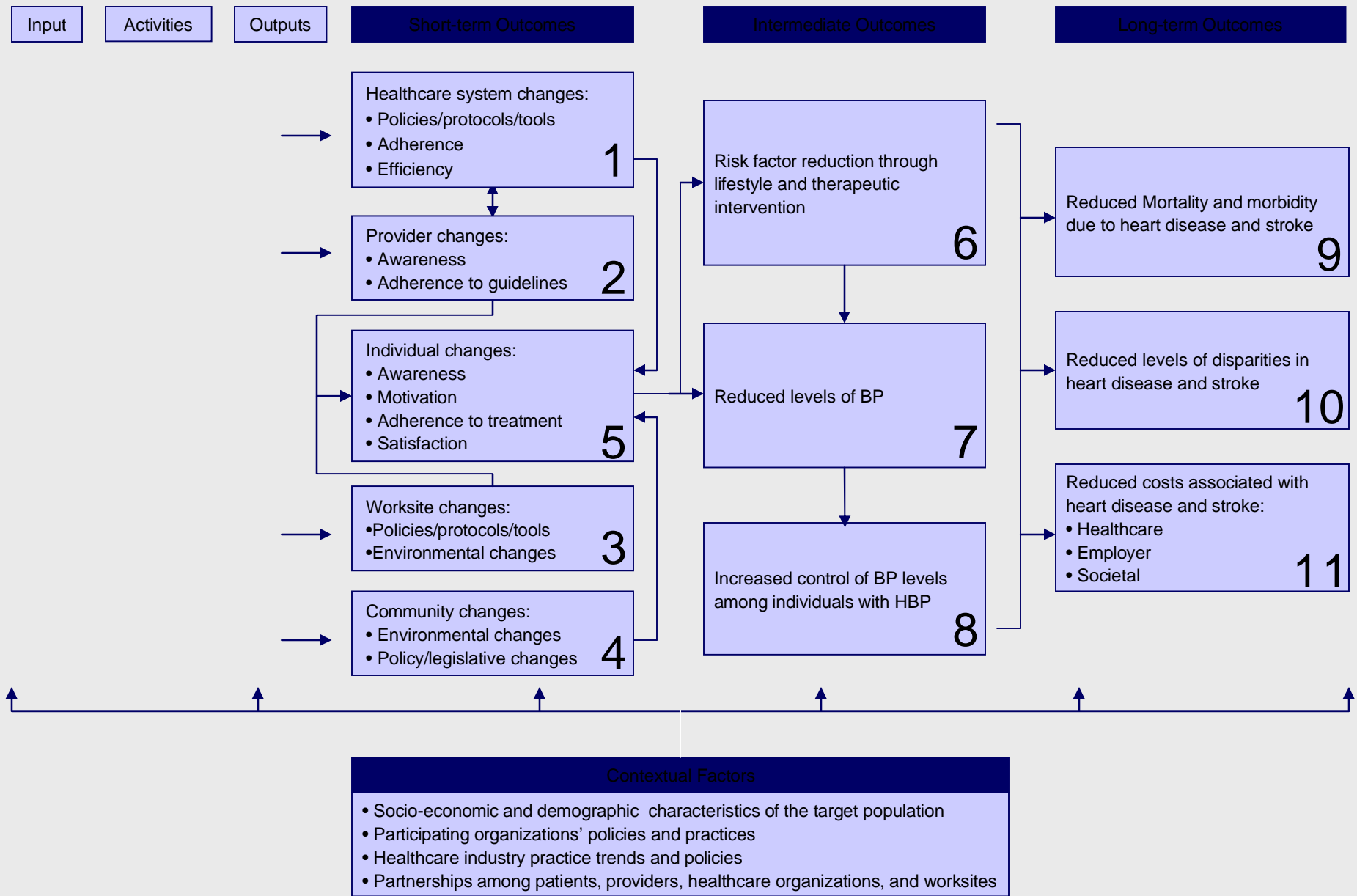
- Program monitoring
 - Activity monitoring and progress reporting
 - Short- and long-term outcomes (indicators)
- Program assessments
 - Promising and best practices
 - Evaluability assessments

Examples

- Regular reporting for activities in support of controlling high blood pressure (MIS) and hypertension outcomes (MDE)
- Comprehensive and core indicators for reducing high blood pressure
- Successful practices to address hypertension among racial and ethnic populations (REACH)
- Promising health care and worksite interventions for controlling high blood pressure



Overall Logic Model for Strategies and Interventions to Reduce High Blood Pressure [HBP]



HDSP Program

Guiding Principles:

- Focus on policy and systems change
- Effect population-based change
- Ensure cultural competency
- Engage partners
- Work at the policy and systems level within settings: worksites, health care, and community



HDSP Program Priority Levels

1. Control high blood pressure
2. Control high cholesterol
3. Improve emergency response
4. Improve quality of care
5. Increase awareness of signs and symptoms of heart attack and stroke and the need to call 9-1-1
6. Eliminate disparities



HDSP Lessons Learned

- **Promote development of policies to increase adherence to evidence-based guidelines**
 - North Carolina
 - Utah
- **Promote professional education and training programs on systems that support quality health care**
 - Georgia
 - South Carolina
 - Virginia



HDSP Lessons Learned

- **Strengthen prevention efforts through increased awareness and education about risk factors and lifestyle changes that affect high blood pressure, high cholesterol, diabetes, and smoking**
 - Oregon
- **Strengthen prevention affecting high blood pressure control through employers/worksites**
 - Maine
 - Kansas



Prevalence of Hypertension Among Acute Stroke Patients



Year	Total N	History of Hypertension
2005	9,478	71.56%
2006	24,253	72.45%
2007	23,125	73.48%
2008	29,621	73.73%



Lessons Learned



- Improved quality of care
- National endorsement of acute stroke measures of care
- Addressing race and gender disparities in care
- Partnering with EMS to improve the quality of pre-hospital care
- Developing stroke Systems of Care



CVH Exam Survey

- Established in 2005
- Arkansas, Kansas, Oklahoma, and Washington
- Provides state-level clinical data on blood pressure, blood cholesterol, and other relevant information
- **Planning an evaluation project to assess its impact within the four funded states**

